

DEPARTMENT OF SOCIAL SERVICES

**IMPORTANT NOTICE FOR IHSS RECIPIENTS
ABOUT CHANGES TO THE FEDERAL MEDI-CAL
IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAMS
THAT AFFECT THE WAY YOU PAY YOUR SHARE OF COST**

You are getting this Notice because you are an IHSS recipient, you receive Medi-Cal and you pay a Share of Cost. Right now, you pay your Share of Cost to the person who provides you with IHSS services, and you have a Medi-Cal card with no Share of Cost included. Also your Notice of Action has told you the amount of IHSS Share of Cost you need to pay each month to your provider(s).

WHAT IS A SHARE OF COST?

Most people who get IHSS services are receiving them as a Medi-Cal benefit and also receive other Medi-Cal benefits. Some of those people must pay a certain amount each month toward their Medi-Cal expenses. This dollar amount is called a Share of Cost. A Share of Cost is similar to a private insurance plan's out-of-pocket deductible. As an IHSS recipient you have been paying your Share of Cost directly to your IHSS provider.

WHAT IS CHANGING?

This Notice is about a change in how you pay your Share of Cost. Because IHSS services are now provided under Medi-Cal, and Medi-Cal rules apply to these services, the way you pay your Share of Cost has changed. Instead of paying your Share of Cost only to your IHSS (Medi-Cal) provider, now you may also pay your Share of Cost by purchasing other Medi-Cal expenses, such as when you go to the doctor or pharmacy, or pay for other allowable Medi-Cal services. If you do not pay all of your Share of Cost when you go to the doctor or pharmacy or access other Medi-Cal approved services, you will pay the remaining amount to your IHSS (Medi-Cal) provider. You will receive an "Explanation of IHSS Share of Cost" letter from the State when your provider(s) submit their timesheets telling you how much to pay to your IHSS provider.

Example:

Mrs. Smith has a share of cost of \$200 for the month of June.	\$200
She sees her doctor on the 5 th and pays \$50 at the doctor's office.	-\$50
She fills a prescription on the 6 th and pays \$60 at the pharmacy.	-\$60
Her provider submits her time sheet on the 16 th	
Mrs. Smith will need to pay her IHSS provider \$90	\$90

WHEN DOES THIS NEW PROCESS BEGIN? June 5, 2006.

HOW DOES MY MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) WORK WHEN I HAVE A SOC?

When you go to the pharmacy or doctor's office, you use your Medi-Cal BIC card. The pharmacy or doctor's office checks a computer system to see what your Share of Cost amount is. As you pay for any Medi-Cal expenses, the amount you pay is subtracted from the total Share of Cost for that month. Each purchase lowers your remaining Share of Cost until the whole Share of Cost is paid each month. When the whole Share of Cost amount is paid, you do not have to pay for any other Medi-Cal expense until the beginning of the next month.

HOW WILL I KNOW HOW MUCH MONEY TO PAY MY PROVIDER? When your IHSS provider's timesheet(s) are processed for payment, any Share of Cost that you have not paid during that month will be deducted from your provider's paycheck, just like it is now. Instead of just paying your Share of Cost to your provider, you may have paid some of your Share of Cost at a doctor's office, pharmacy or for other Medi-Cal-approved services, so what you owe to your IHSS provider each pay period may be different. A computer system keeps track of how much you pay when you use your Medi-Cal card. To help you understand how much to pay your IHSS provider(s), you will receive an "Explanation of IHSS Share of Cost" letter for each provider pay period telling you the amount you must pay to the IHSS provider.

If you have more than one IHSS provider, you will not be able to choose which provider your Share of Cost is paid to. Any Share of Cost that you have not paid will be subtracted from the IHSS provider's timesheet that is processed first by the county. Please help make sure that all timesheets are completed, verified and submitted on time by your provider(s). If your IHSS provider(s) do not turn in their timesheets every pay period, we cannot tell you how much of your Share of Cost must be paid to them.

If you have any questions about this notice, please contact the California Department of Social Services at the toll free number below for more information.

1-877-508-1327

DEPARTMENT OF SOCIAL SERVICES

MONTROSE COUNTY, 01, B35F
123 OAK AVENUE
ANY TOWN, CA 99999

PENELOPE WITHERSPOON
JAMES SCOTT
5678 NORTH STREET
ANY TOWN, CA 99999

EXPLANATION OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE OF COST

06/01/2006

CASE NUMBER: 1234567890 123456
SHARE OF COST AMOUNT TO BE PAID TO THIS PROVIDER: \$9999.99
PROVIDER: PEGGY STEVENS

This notification is to inform you that the above-indicated Share of Cost was withheld from the payment issued for service period 05/01/2006 - 05/15/2006. You are responsible to pay this Share of Cost to PEGGY STEVENS

Each time a payment is processed against your IHSS case, the Share of Cost obligation will be determined and appropriately applied for the service period. Your provider of service will receive a similar notice to tell him/her how much to collect from you.

If you have questions regarding this notification, you may contact your County IHSS Social Worker or your County IHSS Payroll Office.

IHSS Payroll Department